



Patentitioner's Docket No. 701039-047875-C

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of: Klagsbrun et al.
Application No.: 09/579,420 Group No.: 1642
Filed: May 25, 2000 Examiner: G. Nickol
For: PEPTIDE ANTAGONISTS OF VASCULAR ENDOTHELIAL
GROWTH FACTOR

JAN 22 2002

TECH CENTER 1600/290

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Response Transmittal (3 pgs);
2. Response to Restriction Requirement (1 pg);
3. Return Receipt Postcard;

is on the date shown below being:

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☒ deposited with the United States Postal Service
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envelope addressed to the Assistant Commissioner
for Patents, Washington, D.C. 20231.

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transmitted by facsimile to the Patent
Trademark Office.

Date: November 2, 2001


Signature

Nicole M. Gignac

(type or print name of person certifying)

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CERTIFICATE OF MAILING (37 C.F.R. SECTION 1.8(a))

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November 2, 2001
Date

Nicole M. Gignac
(type or print name of person mailing paper)

Signature of person mailing paper

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

In response to the Restriction Requirement dated October 2, 2001, Applicants elect Group I, Claims 1, 4 - 6, without traverse.

In the event that any additional fees are required, the PTO is authorized to charge our deposit account No. 50-0850.

Date: November 2, 2001

Customer No.: 26248

Respectfully submitted,

David S. Resnick (Reg. No. 34,235)
NIXON PEABODY LLP
101 Federal Street
Boston, MA 02110
Tel: (617) 345-6057
Fax: (617) 345-1300

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02 November 2001
Date

Nicole M. Gignac
(type or print name of person mailing paper)

Nicole M. Gignac
Signature of person mailing paper

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE TRANSMITTAL

1. Transmitted herewith is a Restriction Requirement for this application in reply to the Office Action mailed on October 2, 2001.

STATUS

2. Applicant asserts Small Entity status pursuant to (37 C.F.R. 172).

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C.F.R. Section 1.17(a)(1)-(4)) for the total number of months checked below:

(Amendment Transmittal—Page 1 of 3)

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In re application of: Klagsbrun et al.

Application No.: 09/579,420

Filed: May 25, 2000

For:

Group No.: 1642

Examiner: G. Nickol

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	Extension (months)	Fee for other than small entity	Fee for small entity
[]	one month	\$ 110.00	\$ 55.00
[]	two months	\$ 400.00	\$ 200.00
[]	three months	\$ 920.00	\$ 460.00
[]	four months	\$ 1,440.00	\$ 720.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- [] An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

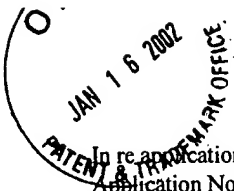
FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. Section 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3) SMALL ENTITY			OTHER THAN A SMALL ENTITY
	Claims						
	Remaining		Highest No.	Present	Addit.		Addit.
	After		Previously	Extra	Fee	OR	Fee
	Amendment		Paid For		Rate		Rate
Total	* Minus	**	=	x \$9 =	\$		x \$18 = \$
Indep.	* Minus	***	=	x \$40 =	\$		x \$80 = \$
[] First Presentation of Multiple Dependent Claim				+ \$135 =	\$		+ \$270 = \$
				Total		OR	Total
				Addit. Fee	\$ _____		Addit. Fee \$ _____

(Amendment Transmittal—Page 2 of 3)

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(complete (c) or (d), as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ _____.

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ _____.
☐ Charge Account No. _____ the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 50-0850.

AND/OR

☒ If any additional fee for claims is required, charge Account No. 50-0850.

Date: November 2, 2001

Customer No.: 26248

Respectfully submitted,

David S. Resnick (Reg. No. 34,235)
Lana A. Shvartsman (Reg. No. P48,502)
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